

State of California - Air Resources Board  
**EQUIPMENT REQUEST**

**A. APPROVALS AND ROUTING**

**Equipment Form No.**

1. Requester's Signature	4. ARB Data Processing (if EDP Equipment Requested) Subject to SAM 4819.3 Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Section/Branch Manager Signature	5. Executive Office Approval
3. Division Chief Signature	6. Accounting Office Approval Funds Available Yes <input type="checkbox"/> No <input type="checkbox"/>
	7. Route to ASD Contracts:

**B. DESCRIPTION**

Quantity	Unit	Description of function and capability of requested equipment	Unit Cost	Total Cost

**C. MAINTENANCE/SUPPORT REQUIREMENTS**

List Maintenance/support requirements
---------------------------------------

**D. SUGGESTED VENDOR**

Name, Address, Phone Contact (Attach specifications, sole source justifications and quotations)	<b>FOR ARB PROCUREMENT USE ONLY</b>
Alternate Vendor #1 (Name, Address, Phone Contact, Cost)	Date: _____
	ARB #: _____
Alternate Vendor #2 (Name, Address, Phone Contact, Cost)	Del: _____
	Quote: _____
	Terms: _____
	FOB: _____
	Charge: _____
	Confirming?      Y      N

ARB Delivery Address:

**E. BUDGET**

<input type="checkbox"/> Budgeted from Division baseline <input type="checkbox"/> Propose funding from EO contingency <input type="checkbox"/> Funded through BCP #: <input type="checkbox"/> Funded through EDP Plan <input type="checkbox"/> Funded through Special Contract/Grant. Specify Contract/Grant #:
---

State of California - Air Resources Board  
**EQUIPMENT REQUEST**

**F. JUSTIFICATION**

**Replacement Equipment**

1. List equipment to be replaced:
  
2. Will this equipment result in expanded capacity or capability? Yes ☐ No ☐ (If yes, complete G-4 & G-5)
3. Will this equipment result in increased costs or savings in maintenance, operation or related expenses?  
Yes ☐ No ☐ (If yes, complete H-1 below)
4. Will this equipment require an increase in staff or result in a lower staff need?  
Yes ☐ No ☐ (If yes, complete H-2 below)

**New Equipment**

1. Will this equipment result in increased costs or savings in maintenance, operation or related expenses?  
Yes ☐ No ☐ (If yes, complete H-1 below)
2. Will this equipment require an increase in staff or result in a lower staff need?  
Yes ☐ No ☐ (If yes, complete H-2 below)

**G. SPECIFIC JUSTIFICATION FOR NEW EQUIPMENT**

1. Programs that will benefit from the equipment.
  
2. Describe the work to be performed.
  
3. How many days/years will this equipment be in service?
  
4. For analytical equipment (Dynos, GC's, etc.), what is the capacity (samples per day, etc.) of this equipment?
  
5. When placed in final use, what percent of capacity will be used?

**H. SPECIFIC JUSTIFICATION FOR NEW AND REPLACEMENT EQUIPMENT**

1. Quantify costs or savings, and indicate funding source for increases.
  
2. Quantify needed staff augmentation or savings, and identify how additional staff will be obtained.

**ADDITIONAL SPACE TO COMPLETE ANSWERS**